

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		4/11/01
O.I.P.E. CLASSIFIER		19	4/12/00
FORMALITY REVIEW	LA	25353	6-23-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	07-03-01
2	07-03-01
3	07-03-01
4	07-03-01
5	07-03-01
6	07-03-01
7	07-03-01
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9	07-03-01
10	07-03-01
11	07-03-01
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43	07-03-01
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47	07-03-01
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49	07-03-01
50	07-03-01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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